

Name in Full

Certificate of Death

Rachel Anne Abel

Town  
Easton

County Talbot-

MARYLAND

Died at

Date 19

03 Feb 24

Month

Day

Age

Y.

M.

D.

Native of

Occupation

65 --

U.S.A. House work

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

One

Husband  
of

Wife

Father's

Name

Oliver Stanford

Mother's

Maiden Name

Hancy Bonnes

Cause of

Primary

Old age Grip -

10

How long sick

2 mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson  
Easton, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Pearce J. Adams

Town

County

Died at

near Easton

Talbot

MARYLAND

Date 1903

Month

Day

Feb. 20

Y.

M.

D.

Age

- 2 20

Native of

U.S.A.

Occupation

Baby

Male

White

Married

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

H. P. Adams

Mother's

Maiden Name

Carmie Fitzugh

Cause of

Primary

Smothered with Bedclothes

How long sick

Death

Immediate

Smothered

Accident, Suicide, Homicide

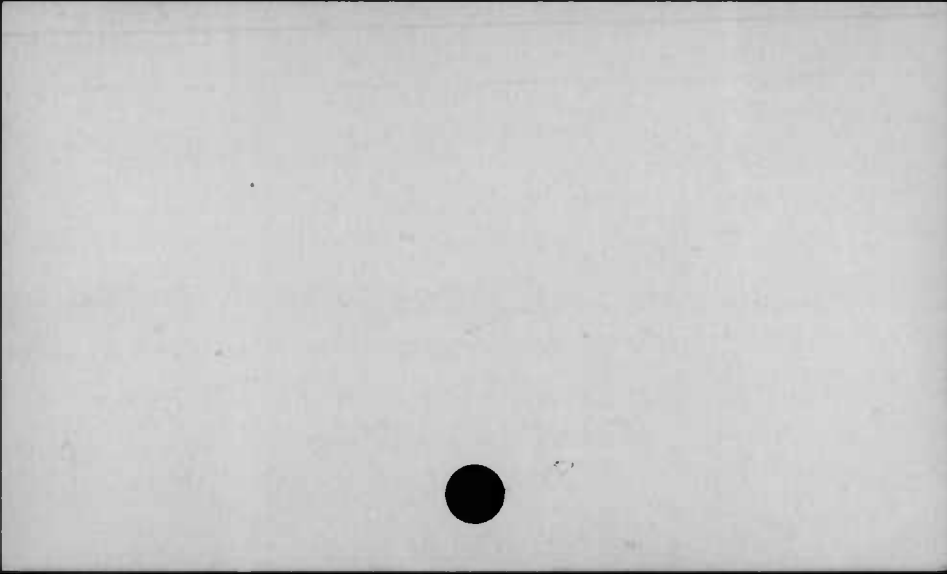
Reported by

Chas. J. Davidson M. D.

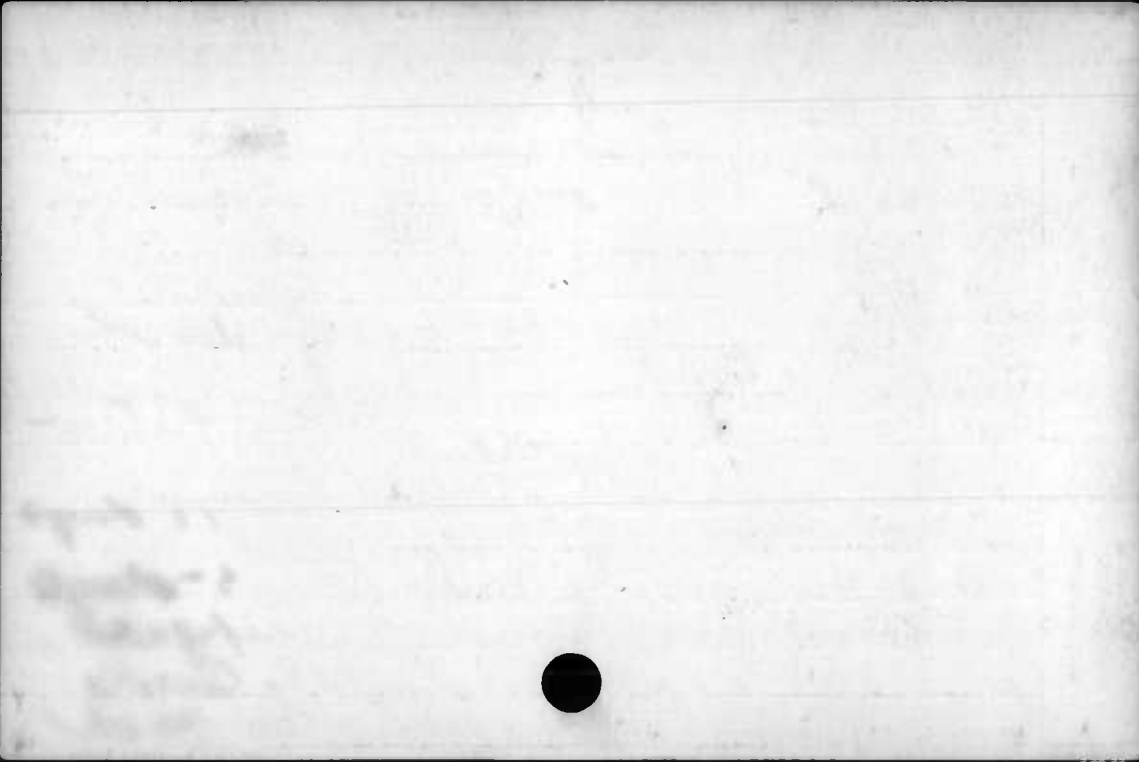
Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>May Bedford</b>		Town <b>Royal Oak</b>				County <b>Talbot</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date of death 1903		Month <b>Feb</b>		Day <b>14</b>	
		Age		Years <b>2</b>		Months <b>3</b>		Days	
		Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Royal Oak</b>			
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband							
		Father's Name <b>Sidney Bedford</b>				Father's Birthplace <b>Dor</b>			
		Mother's Maiden Name <b>Lura Gardner</b>				Mother's Birthplace <b>Christiana</b>			
		Name of person giving information <b>Sidney Bedford</b>				How related to deceased <b>Father</b>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <b>inflammation of ear</b>				How long <b>10 days</b>			
		Immediate <b>inflammation of brain</b>				How long <b>5 days</b>			
		Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>				Signature of Physician <b>S. L. Trifone</b>			
						Address <b>Royal Oak Talbot Co Md</b>			
		Accident or Suicide? <b>—</b>							



Name In Full

Certificate of Death

Thos Long Collins

Town

County

Died at

Tilghman

Talbot

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb-12

Age

2-9-9

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Lewis Collins

Mother's

Maiden Name

Mickey Bell

Cause of

Primary

Tuberculosis

How long sick

6 mos

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

S. H. Wilson - M.D.

Address

Tilghman - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Wheatley Cotman*

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 7

Age

2 - 19

Md

—

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband  
of  
Wife

Father's  
Name

Mother's

Maiden Name

*Wheatley Cotman*

*Francis Mark*

Cause of

Primary

*Pneumonia*

How long sick

*5 days*

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Dr. S. K. Nelson*

Address

*Fitzhman Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Robert Coulby  
 Died near Matthews Town Salvator County MARYLAND  
 Date 1905 Feb 8 Month Day Y. 76 M. - D. England Native of Farmer Occupation  
 Male White Married Widow Divorced 8  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Mary Ann Morris  
 Wife

Father's Name Robert Coulby Mother's Maiden Name

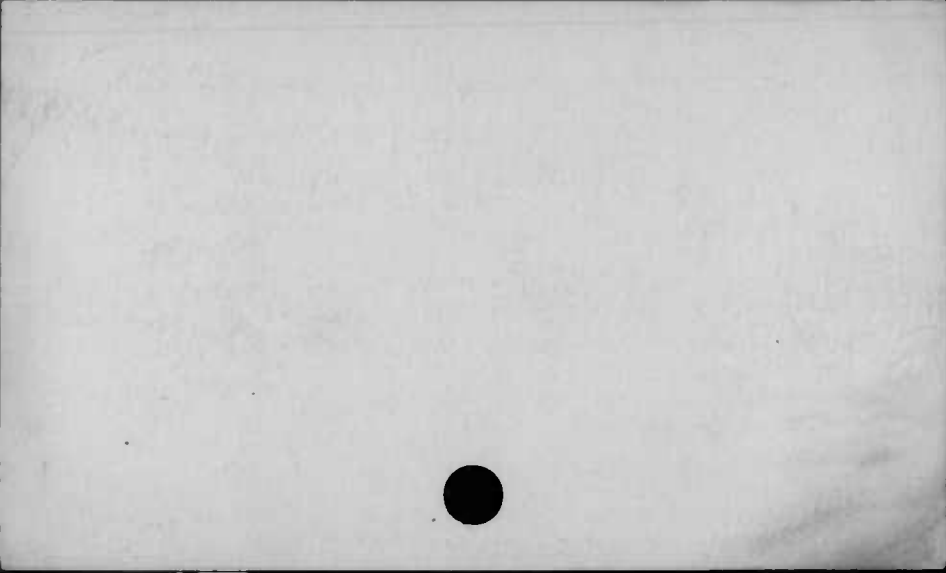
Cause of Death { Primary old Age and Accident How long sick 5 months  
 Immediate Exhaustion 15 Accident, Suicide, Homicide

Reported by E. R. Zupke M.D.

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.



Name in Full

Certificate of Death

Lula Floyd

Town

County

Died at

Easton

Tallot

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 13

Age 23

Tallot

Home Wife

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

one

Husband

of

Wife

~~Henry~~ Edward H. Floyd

Father's

Mother's

Name

Parker

Maiden Name

1304

Cause of

Primary

Anemia result of Malaria

How long sick

2 Months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Ed M. Huxcastle MD

Address

Easton Tallot Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

Suey Gibson

## CERTIFICATE OF DEATH

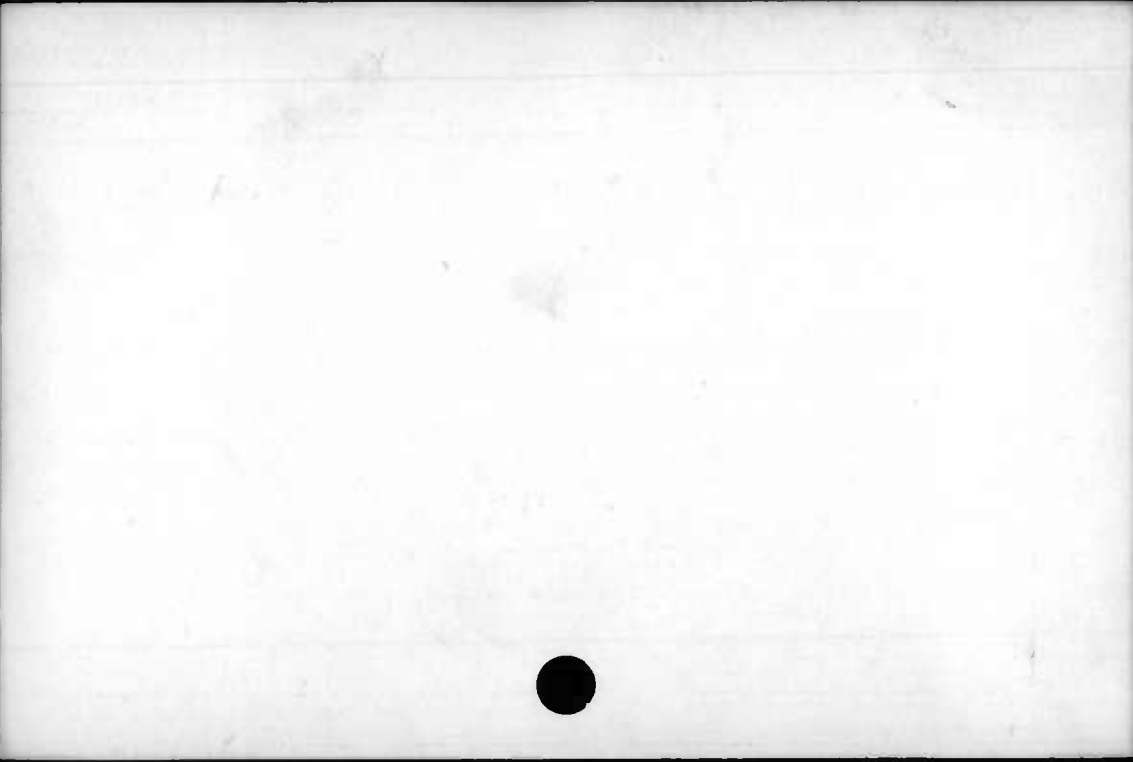
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Euston</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>25</u>	Age <u>1</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>F</u>	Color or Race <u>Blk</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>S</u>			Occupation <u>Cntrl</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>unknown</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Annie Gibson</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Geo. Gibson</u>			How related to deceased <u>Grandfather</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia following Measles</u>	How long <u>1 week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Mervin</u>
	Address <u>Euston Md</u>
Accident or Suicide?	





Name  
in  
Full

Olomys Greene

## CERTIFICATE OF DEATH

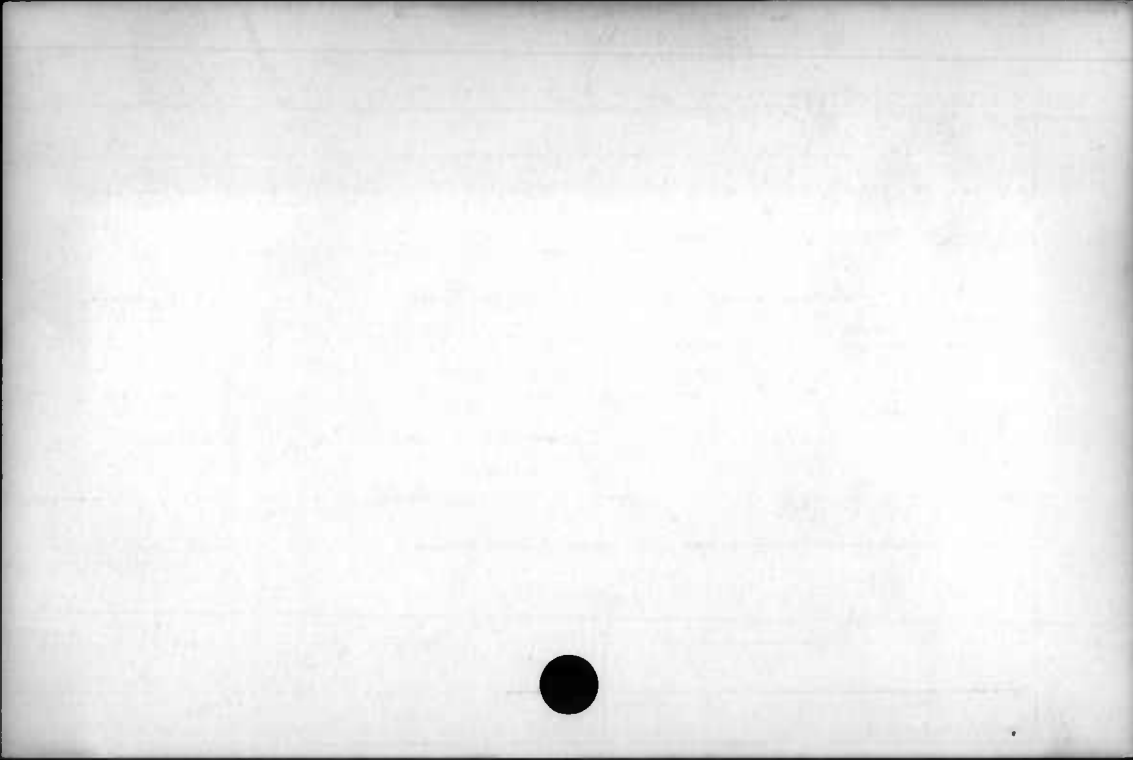
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Euston</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>22</u>	Age <u>22</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>M</u>	Color or Race <u>Blk</u>		Birth- place <u>MD</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Student</u>		
Name of Wife or Husband <u>Russa Parker</u>					
Father's Name <u>John M. Greene</u>				Father's Birthplace <u>MD</u>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <u>Wm Greene</u>				How related to deceased <u>Brother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>93</u>
Immediate <u>Pleurisy + Pericarditis</u>	How long <u>1 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Greene</u>
	Address <u>Euston MD</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Olinus Seymour Huddoway  
 Town County

Died at

Oxford

Lalbot

MARYLAND

Date 1903 Month Day Y. M. D. Native of Occupation

Date 1903 Feb. 23 Age 34 6 Md. Telegraph Operator

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

W. H. Huddoway

Mother's

Maiden Name

Sarah B. Porter

Cause of

Primary

Bright's disease

How long sick

Two years

Death

Immediate

Acute Laryngitis

Accident, Suicide, Homicide

Reported by

J. A. Stevens

Address

Oxford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Annie L. Harrison  
 Town County

Died at

Wicomico  
 County

MARYLAND

Date 19

03 Feb. 26  
 Month Day

Age

5-6  
 Y. M. D.

Native of

Ch. S. A.  
 Native of

Occupation

House wife  
 Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Harrison  
 Husband of

Thomas Wayman  
 Father's Name

Mother's

Lucretia Wayman  
 Mother's Name

Consumption  
 Cause of Death

How long sick

27  
 How long sick

~~Accident, Suicide, Homicide~~

Dr. J. B. Beth  
 Reported by

St. Michaels,  
 Address

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles Johnson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb 16

Age

70

MD

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

/

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Old age &amp; Deep Cold

Death

Immediate

Found dead 154

Accident, Suicide, Homicide

Reported by

Coroner John B Fairbank

Address

Easton Talbot Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MD





Name in Full

Certificate of Death

Edwin R. Jump.

Town

County

MARYLAND

Died at Chapel dist Talbot.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July

2

Age 35.

Talbot

School tchr.

Male

White

Married

Widow

DivorcedFemaleColored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Edwin J. Jump

Mother's

Maiden Name

Percy  
Percy, Armydale

Cause of

Primary

Chronic Interstitial nephritis

How long sick

6 weeks

Death

Immediate

uraemia

Accident, Suicide, Homicide

Reported by

J. I. Garrison M.D.

Address

Essex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oswald E. Loreday

Died at <sup>Town</sup> Easton<sup>County</sup> Talbot

MARYLAND

Date	1903	Month	Feb	Day	21	Age	Y.	M.	D.	Native of	Occupation
							21	8	6	Md	Blacksmith

Male

White

~~Marr~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
Wife

X

Father's Name	Geo. E. S. Loreday	Mother's Maiden Name	Amin E. Stevens
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Cause of	Primary	Lymphoid fever + pneumonia	How long sick	17 days
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by E. R. Zuppe M.D.

Address Easton

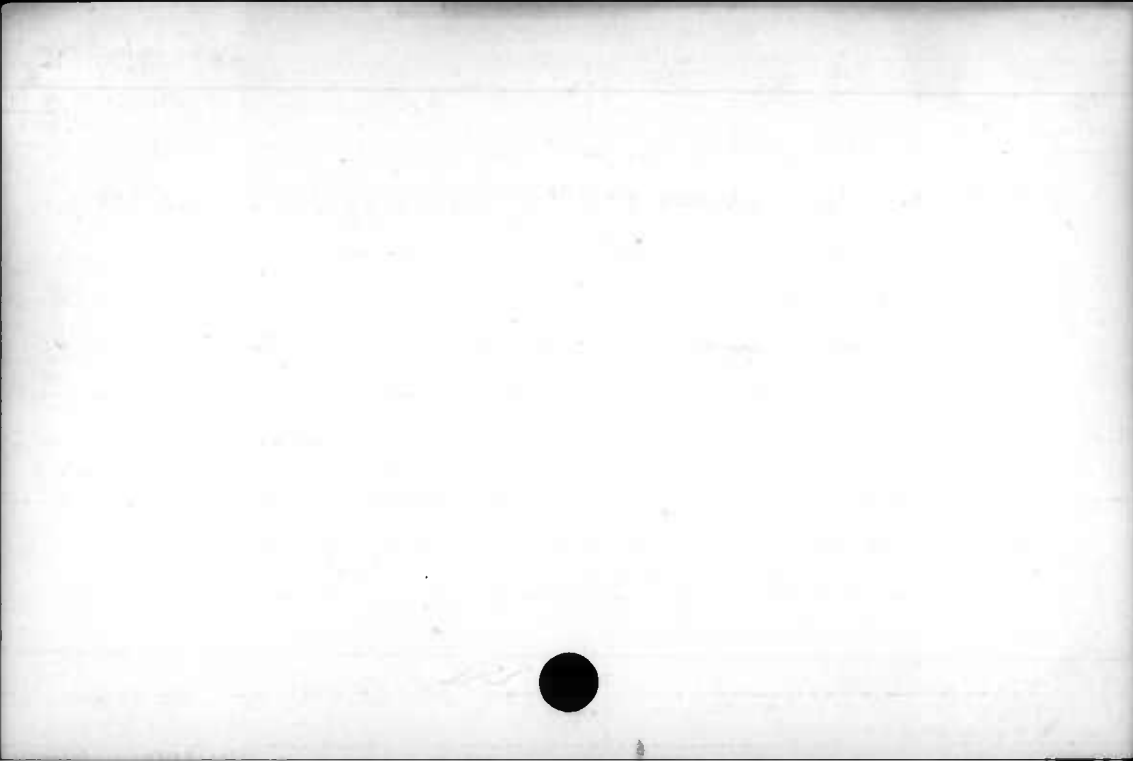
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 79573



Name in Full <b>Durah Manok y</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>St Michaels</b> <small>Town</small>		<b>Fulton</b> <small>County</small>		<b>MARYLAND</b>
	Date of death 1903	Month <b>Feb</b>	Day <b>21</b>	Age <b>59</b> <small>Years</small>	Months <b>—</b> Days <b>—</b>
	Sex <b>Female</b>	Color <del>Red</del> <b>Colored</b>		Birth-place <b>Bund Creek</b>	
	Married, Single or Widowed <b>Widow</b>		Occupation		
	Name of Wife or Husband <b>Thos. Henry</b>				
	Father's Name <b>William Green</b>		Father's Birthplace <b>B. G. Hick</b>		
	Mother's Maiden Name <b>Lizzie Bailey</b>		Mother's Birthplace <b>B. G. Hick</b>		
Name of person giving Information <b>Francis Lee</b>		How related to deceased <b>Daughter</b>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <b>Exposure</b>			How long <b>27</b>	
	Immediate <b>Pulmonary Tuberculosis</b>			How long <b>2 years</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>			Signature of Physician <b>J. C. R. Lewis</b>	
	Accident or Suicide?			Address <b>St Michaels Md</b>	



Name In Full

Certificate of Death

*"Baby"*

Died at *Tilghman* Town *2albot* County **MARYLAND**

Date 19*03* Month *Feb.* Day *13* Age *- - 3* Native of *Ind* Occupation *-*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *-*

Husband  
of  
Wife

Father's Name *John Seofield* Mother's Maiden Name *Daisy Miles*

Cause of Death { Primary Immediate *Atelectasis* How long sick *-*  
 Accident, Suicide, Homicide

Reported by *S. K. Wilson*

Address *Tilghman, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Infant son of James Smith

Died at <sup>Town</sup> *Easton* <sup>County</sup> *Talbot* MARYLANDDate 1903 <sup>Month</sup> *Feb* <sup>Day</sup> *15* <sup>Y.</sup> *1* <sup>M.</sup> *1* <sup>D.</sup> *1* <sup>Native of</sup> *Talbot* <sup>Occupation</sup>

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's Name *James Smith* Mother's Maiden Name *Harriott Smith*Cause of <sup>Primary</sup> *Not Known* <sup>How long sick</sup> *179*

Death

Immediate

Accident, Suicide, Homicide

Reported by *James Smith Father*Address *Easton Talbot Co. Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78858



Name  
in  
Full

Edmund Spruice

## CERTIFICATE OF DEATH

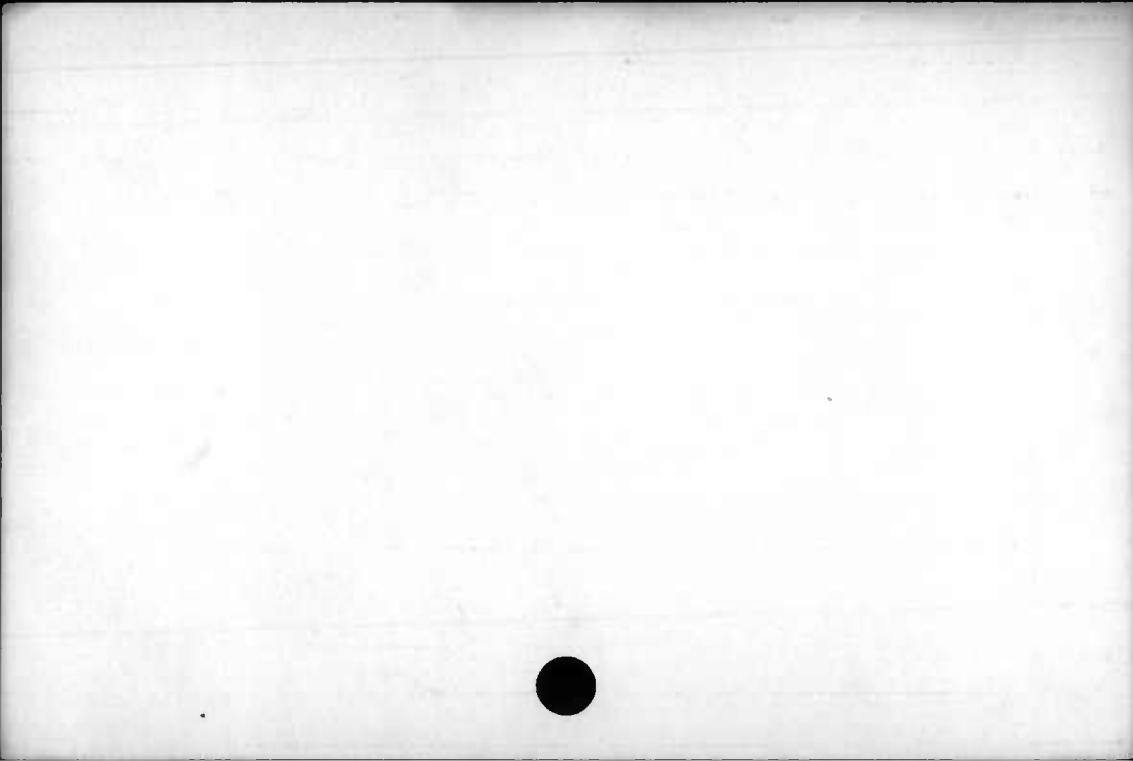
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Euston		Tulhat		County		MARYLAND	
Date of death 1903	Month Feb	Day 5	Age	Years	Months	9	Days		
Sex	M	Color or Race	Blk	Birth- place	Euston				
Married, Single or Widowed	Single			Occupation					
Name of Wife or Husband									
Father's Name					Father's Birthplace				
Mother's Maiden Name					Mother's Birthplace				
Name of person giving In formation					How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brucellosis 90	How long	4 days
Immediate	Heart failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Accident or Suicide?	Address		



George M Thomas

Town

County

MARYLAND

Died at

Easton

Talbot

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 19

Age

53

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband of

Wife

Eliza E Thomas

Father's

Mother's

Name

Maiden Name

Eliza E Corkran

Cause of

Primary

Suicide

How long sick

2 hours

Death

Immediate

163

Accident, Suicide, Homicide

Reported by

John B Fairbank acting coronor

Address

Easton Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

